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Bib Data Sheet

CONFIRMATION NO. 2228

|                             |                                       |              |                        |                                      |
|-----------------------------|---------------------------------------|--------------|------------------------|--------------------------------------|
| SERIAL NUMBER<br>10/693,507 | FILING DATE<br>10/22/2003<br><br>RULE | CLASS<br>222 | GROUP ART UNIT<br>3754 | ATTORNEY<br>DOCKET NO.<br>MCSP:101US |
|-----------------------------|---------------------------------------|--------------|------------------------|--------------------------------------|

APPLICANTS

Vincent G. Lobdell, Pulaski, NY;

\*\* CONTINUING DATA \*\*\*\*\*  
 This appln claims benefit of 60/420,651 10/23/2002 *yes mr*

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *None mr*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 01/22/2004

|  |  |                           |                        |                       |                            |
|--|--|---------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met<br>Verified and Acknowledged | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br><i>[Signature]</i><br>Examiner's Signature Initials | STATE OR<br>COUNTRY<br>NY | SHEETS<br>DRAWING<br>9 | TOTAL<br>CLAIMS<br>20 | INDEPENDENT<br>CLAIMS<br>3 |
|--|--|---------------------------|------------------------|-----------------------|----------------------------|

ADDRESS

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TITLE

Beverage dispenser

|                                   |   |  |
|-----------------------------------|---|--|
| FILING FEE<br><br>RECEIVED<br>450 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____ |
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